

STATE OF HAWAII  
NOTICE OF AND REQUEST FOR EXEMPTION 10 APR 28 AIO 51  
FROM CHAPTER 103F, HRS

To: Chief Procurement Officer

STATE PROCUREMENT OFFICE  
STATE OF HAWAII

From: Department of Health, Child and Adolescent Mental Health Division  
*Department/Division/Branch or Office*


Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1.	Title and description of health and human service(s): Ancillary Support Services by Child and Family Service	
	Ancillary support services are provided to clients who are not stabilized and need additional services beyond what is offered at the residential treatment programs. The ancillary services may include one on one services, partial hospitalization and/or other special services recommended to meet the client's special needs.	
2.	Provider Name and Address:	Child and Family Service
3.	Total Contract Funds:	\$21,760
	Contract Funds per Year (if applicable):	\$17 hr
4.	Reference number of Previous Request for this Service (if applicable):	PEH No. 09-40 (Hospital)
5.	Term of Contract:	Start: 04/04/10 <i>ag cyh</i> End: 8/31/10
6.	Describe how procurement by competitive means is either not practicable or not advantageous to the State: The CAMHD has awarded the Community Based Residential III (CBR III) service to Child and Family Service (CFS) following the HRS 103F competitive procurement procedure. However, in exceptional cases, some clients would require ancillary services in addition to the residential program services which are not covered in the contract. These services can be provided through the contracted provider. The ancillary services are being provided to "high-end" clients as a structured addition to CBR III services. Ancillary services are provided based on documented clinical justification from the client's clinical team. The client's clinical team would determine, on a case to case basis, when this level of care is no longer clinically necessary. In future procurements of residential services, the new procured contract would include ancillary services to be provided as needed and as approved by the CAMHD Medical Director.	
7.	Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable: The request is for CAMHD to procure ancillary services from Child and Family Service who was awarded a contract for CBR III services in the State. Ancillary services are provided to clients who are already receiving educational services, family therapy, and integrated service planning in residential programs but needed additional services beyond the skilled milieu of residential programs for eighty hours per week for 16 weeks.	

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8.	Describe the state agency's internal controls and approval requirements for the exempted procurement: The CAMHD administrator provides overall oversight of the CAMHD clinical services. The CAMHD Medical Director, in particular, will provide clinical oversight and will review the medical necessity and appropriateness of client's continued use of ancillary services while at the residential treatment facility. Furthermore, the CAMHD clinical team and the treatment team from CFS would regularly meet to monitor client's progress and evaluate the effectiveness of this clinical intervention.						
9.	List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Michelle Nakata - The Office of Attorney General Chiyome Leinaala Fukino, M.D. - Director of Health Martin Hirsch, M.D. - CAMHD Medical Director M. Stanton Michels, M.D. - CAMHD Administrator						
10.	<table style="width: 100%; border: none;"><tr><td style="width: 50%;">Direct questions to (name &amp; position):</td><td>Martin Hirsch, M.D.- CAMHD Medical Director</td></tr><tr><td>Phone number:</td><td>808 733-9855</td></tr><tr><td>e-mail address:</td><td><a href="mailto:martin.hirsch@doh.hawaii.gov">martin.hirsch@doh.hawaii.gov</a></td></tr></table>	Direct questions to (name & position):	Martin Hirsch, M.D.- CAMHD Medical Director	Phone number:	808 733-9855	e-mail address:	<a href="mailto:martin.hirsch@doh.hawaii.gov">martin.hirsch@doh.hawaii.gov</a>
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I certify that the information provided above is to the best of my knowledge true and correct.

 _____ <i>Department Head Signature</i> Chiyome Leinaala Fukino, M.D. _____ <i>Typed Name</i>	<b>APR 21 2010</b> _____ <i>Date</i>
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**NOTICE**

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

☒ **APPROVED**    ☐ **DISAPPROVED**    ☐ **NO ACTION**

 _____ <i>Chief Procurement Officer Signature</i>	<b>5/5/2010</b> _____ <i>Date</i>
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Please ensure adherence to applicable administrative requirements.